

TESH – TELEHEALTH EDUCATION FOR SCHOOL HEALTH
CONTINUING EDUCATION ACTIVITY EVALUATION FORM

Nebraska DHHS Division of Public Health
School and Child Health Program

Activity Title: ***Pediatric Perspectives: Food Allergies***

Date: ***Sept. 11, 2012 (live)***

Activity No. **31229**

If viewing on-demand recording: Date: _____

As a learner please assist in the evaluation of this presentation. Please circle the number beside each statement that best reflects the extent of your agreement. Thank you.

			Disagree				Agree
Content							
1.	The content was interesting to me.....	1	2	3	4	5	
2.	The content extended my knowledge of the topic.....	1	2	3	4	5	
3.	The content was consistent with the objectives.....	1	2	3	4	5	
4.	I will be able to apply this content in my work.....	1	2	3	4	5	
5.	Objectives were consistent with purpose/goals of activity.....	1	2	3	4	5	

Faculty/Presenter Effectiveness (Dr. Applegate):

1.	The presentation was clear and to the point.....	1	2	3	4	5
2.	The presenter demonstrated mastery of the topic.....	1	2	3	4	5
3.	The method used to present the material held my attention.....	1	2	3	4	5
4.	The presenter was responsive to participant concerns.....	1	2	3	4	5

Instructional Methods

1.	The instructional material was well organized.....	1	2	3	4	5
2.	The instructional methods illustrated the concepts well.....	1	2	3	4	5
3.	The handout materials given are likely to be used as a future reference.....	1	2	3	4	5
4.	The teaching strategies were appropriate for the activity.....	1	2	3	4	5

Learner Achievement of Objectives

1.	Discuss the current known prevalence and medical management of food allergies from a historical perspective.	1	2	3	4	5
2.	Describe identification and diagnosis of the food allergic child.	1	2	3	4	5
3.	Discuss preventive measures and action strategies for the school setting in managing and responding to allergic events.	1	2	3	4	5

Knowledge Level Self-Assessment: On a scale of 1 (low) to 5 (high),

My knowledge level of this topic prior to the learning event: _____

My knowledge level of this topic following the learning event: _____

Comments:

Suggestions for Future TESH Programs:

Complete this portion only if you viewed our event “live” on the [NEBRASKA STATEWIDE TELEHEALTH NETWORK:](#)

1. Location where you are attending this telehealth session:
2. How many persons are attending at your location today?
3. Please evaluate your satisfaction with telehealth learning today.
5 = highly satisfied 4= satisfied 3 = neutral 2 = dissatisfied 1 = highly dissatisfied
 - a. The use of the telehealth system was conducive to my learning. _____
 - b. The picture quality _____
 - c. The sound quality _____
 - d. I am very likely to use telehealth again for my professional learning needs. _____
4. If you were not satisfied with telehealth today, please describe the issues/problems/technical difficulties you faced so we can correct them:

Complete this portion only if you viewed our recorded event at WWW.ANSWERS4FAMILIES.ORG :

1. Date and time of day you viewed the recorded event on www.answers4families.org

2. Please evaluate your satisfaction with web-on-demand learning.
5 = highly satisfied 4= satisfied 3 = neutral 2 = dissatisfied 1 = highly dissatisfied
 - a. The use of web-on-demand access to the TESH recording was conducive to my learning

 - b. The picture quality _____
 - c. The sound quality _____
 - d. I am very likely to use web-on-demand on www.answers4families.org again for my professional learning needs _____
3. If you were not satisfied with our web-on-demand option, please describe the issues/problems/technical difficulties you faced so we can correct them:

THANK YOU! Return your completed evaluation and sign-in sheet to the DHHS School and Child Health Program, c/o Kathy Karsting, RN. Fax:402-471-7049; email kathy.karsting@nebraska.gov; snail mail P.O. Box 95026 Lincoln NE 68509-5026.